



College Stores Association of North Carolina

2016

Associate Application for Membership

COMPANY NAME _____ NEW _____ RENEWAL _____

SALES REP'S NAME - VOTING MEMBER _____

REP'S MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

REP'S PHONE NUMBER _____ REP'S FAX NUMBER _____

REP'S EMAIL ADDRESS _____ WEB SITE ADDRESS _____

GOODS OR SERVICES OFFERED (250 CHARACTERS MAX) _____

USE BACK SIDE IF MORE SPACE IS NEEDED

Qualifications

Companies and sales reps that sell to college bookstores in the State of North Carolina are eligible for membership in CSANC-Associates. There may be more than one member from one company. There may be multiple companies for one member.

Benefits

Membership entitles you and one company to be listed in the online directory giving bookstores and vendors direct information to buyers and sellers of college goods and services. Multiple line reps wanting companies to be listed on the web site will require a membership for each listing. Duplicate this form for each membership. Each member will be given a password to gain access to this information. Non-members will not have access.

Trade Show

The Table Top Expo is one of the highlights of the CSANC annual meeting. Members in good standing for fiscal year 2016 are invited to exhibit at the Table Top Expo upon renewing membership with payment of 2016 dues in the amount of \$40.00. Members not in good standing financially who wish to exhibit in the 2016 Table Top Expo must submit \$80.00 to covers dues for 2015 and 2016.

First year/New members paying 2016 dues are not permitted to exhibit or distribute any wares or literature, however, they may attend the meeting to interface with bookstore personnel for introduction and appointment making purposes. First year/New members who would like to exhibit at the Table Top Expo must submit \$80.00 to cover dues from 2015 and 2016. If you do not plan on exhibiting at the Table Top Expo, \$40.00 is required for 2016 membership dues.

Applicants are voted in by the membership and are reviewed and renewed annually. If accepted, I agree to abide by all rules and regulations of the CSANC-Associates.

Signed: _____

Date: _____

Payment enclosed for 2016 dues \$ _____._____

Total payment enclosed \$ _____._____

Want to pay by credit card? Then call Stephanie @ 704-787-6614
If this application is rejected, payment will be returned or refunded.

Make Check
Payable to:
CSANC-A



Mail to: Stephanie Taylor
CSANC-A Treasurer
210 Maple Street
Salisbury, NC 28146

CSANC-A MEMBER'S NAME

COMPLETE THIS FORM FOR EACH COMPANY THAT YOU REPRESENT

INFO WILL BE POSTED ON CSANC WEB SITE

COMPANY REPRESENTED

MAILING ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

WEB SITE ADDRESS

EMAIL CONTACT

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